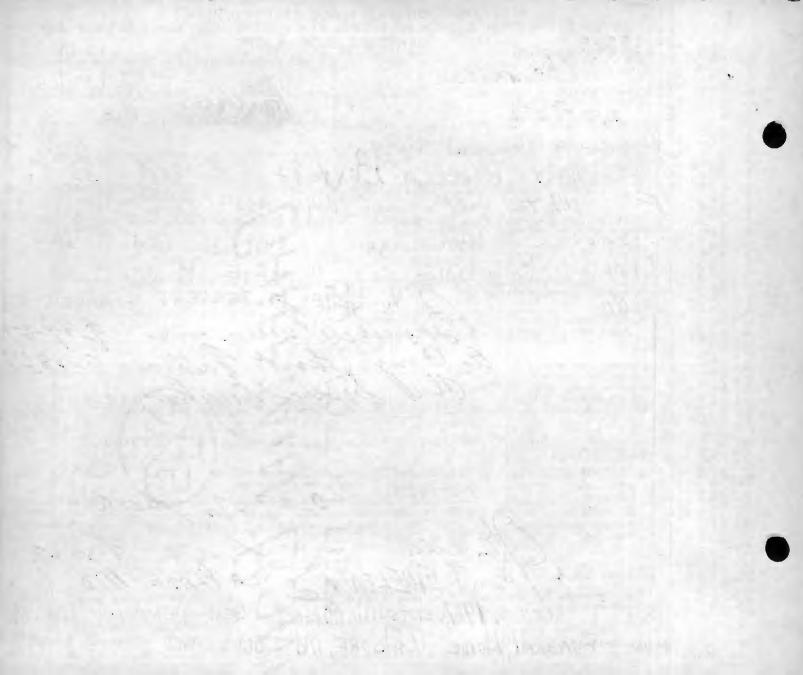
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Tuneral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. GOUNTY after the MARYLAND Pages urs aft b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oyts)de corporate limits, write RURAL end give nearest town) pà pers. Pag 72 hours write RURAL and give nearest town) hours 4 Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES executed within NAME OF 3. First Middle Last DATE Month Day Year DECEASED ve rare event, (Type or print) DEATH 19 SE OR RACE 6. COLOR DATE OF BIRTH remove any ev 7. MARRIED NEVER MARRIED 8. 9. AGE (In years | IFUNDER 1 YEAR **JEUNDER 24 HRS** last-birthday) | Months | Hours WIDOWED DIVORGED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 10b. KIND OF BUSINESS OR lease I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician INDUSTRY COUNTRY? mes certificate attending phys ermit. Then ple on, or removal, a FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Appress igned by the attendrial-transit permit. 16. SOCIAL SEGURITY NO. 1 17. INFORMANT (Yes. no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [ Enter only one cause per Hae for (a), (b), end (c). INTERVAL BETWEEN law requires that the ONSELAND DEATH PART I. DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. Cleur alu a signed l IMMEDIATE CAUSE (a) Applied or alternations signs certificate has been signs DUE TO Conditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BÛT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY TIFICAT PERFORMED? YES NO 7 20a. ACCIDENT WAS UNDERLYING IT 20b. DESGRIBE HOW INJURY OGGURRED. (Enter nature of injury in Part I or Part II of item 18.) FUNERAL DIRECTOR: After this certificator, page 3 should be detached inould be filed with the State Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OGCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (Glty or town) (Gounty) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF DIRECTOR 22c. PHYSICIAN'S 22d - ADDRESS director, p NAME (Type) 23a. BURIAL, CREMATION, DATE THEREO L 23c. NAME OF CEMETERY OR CHEMATORY 230. 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) **FUNERAL DIRECTOR** ADDRESS REGISTRAR'S SIGNATURE REG'D BY REGISTRAR 25b. VR AI5 (4)

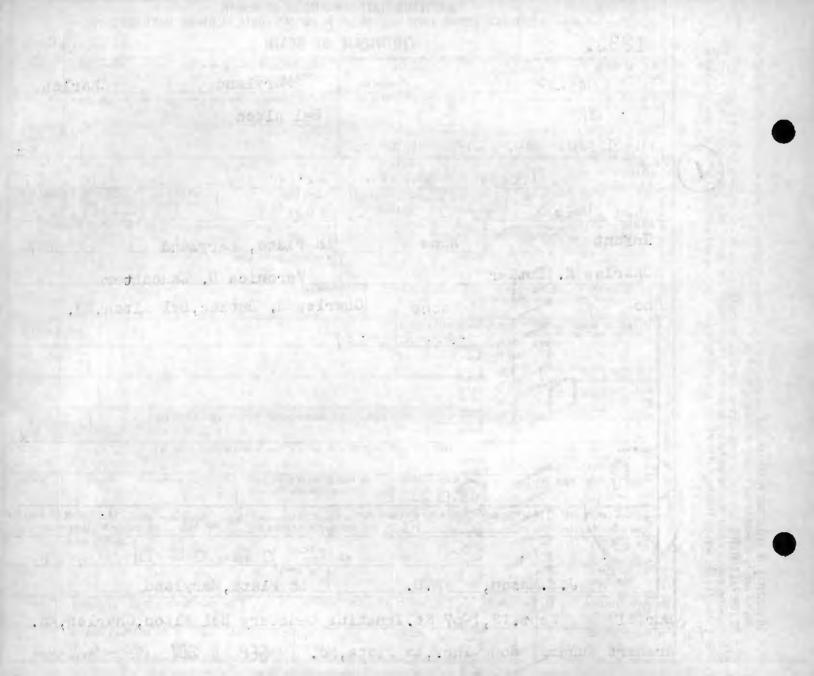


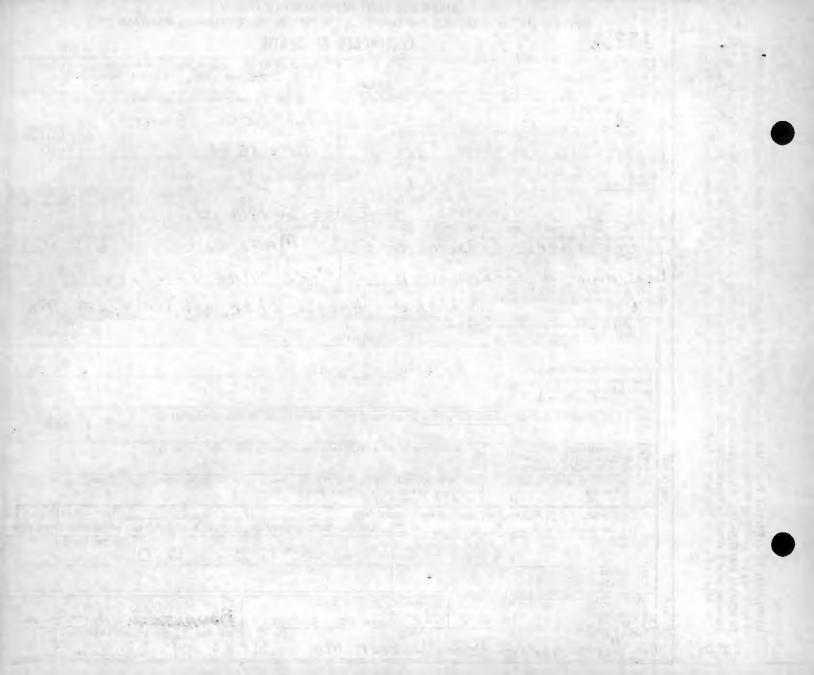
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 13786 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, ond 3 to PM3. Poge o. COUNTY o. STATE b. COUNTY Charles Maryland MARYLAND Charles deloy i ment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Tompkinsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). r LENGTH OF STAY IN 16 offer La Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Rooms E Poges State NO X YES after deoth. NAME OF Middle First Lost 4 DATE Month Dov Year DECEASED Give Mildred £ within (Type or print) Loving Bowles 1967 DEATH Sept 19 67 along with SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In veors F UNDER 24 HRS lost birthdov) 00 Months Dovs Hours DIVORCED March 9,1884 Item 18 event 24 hours Female Canc. 10o. USUAL OCCUPATION (Give kind of work done IOb. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? L In any Palmyra Virginia HW Chief Medical Examiner's pages USA pencil 13. FATHER'S NAME be executed within puo 0 William Edgar Loving Mary Johnson WAS DECEASED EVER IN U.S. ARMED 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates of service permit. removal No Bowles Wright Tompkinsville.Md. 18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) ONSEL AND DEATH burial-transit PART I. DEATH WAS CAUSED BY 10 EMMEDIATE CAUSE (o) This certificate should Word cremation, DIJE TO Conditions, if ony, which gove the 10 rise to immediate couse (a) DUE TO stoting the underlying couse 0 e, writing to forwarded SD lost. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 19. WAS AUTOPS'
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W.-PRESTON STREET, BALTIMORE, MARYLAND 21201 12301 12340 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remaye carbon appers. Pages 1 and 70 hours often death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY HARLES Maryland MARYLAND Charles b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) carbon papers. Pag Bel Alton d\_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL SPITHL YES NO F with 3. NAME OF Middle 4. DATE Lost Doy Year DECEASED Butler OF DEATH 11: ITam Hom As 1967 (Type or print) S. SEX TE UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED crematian, ar remaval, and in any ev last birthday) Months NEGRO o Seo 6 MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) None COUNTRY? La Plata, Maryland
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Charles R. Butler Veronica D. Lancaster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) Charles R. Butler. Bel Alton. Md. none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH REMATURITY IMMEDIATE CAUSE (0) signed by DUF TO burial Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use NO-YES T 20o, ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. Not While factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After at wark e deceased from 10 to 1967, ta 11 to 1967, that (I) (we) last \_\_\_\_, 19 67, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 10 200 saw the deceased alive an 11 Sep 220. SIGNATURE 22b. DATE SIGNED ATTENDING Marion M.D. be filed PHYS. 22d. ADDRESS 22c. PHYSICIANA NAME (Type) J.B. Mason La Plata Maryland M.D. director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION (State) Burial (Specify) Sept. 12, 1967 St. Ignatius Cemetery Bel Alton, Charles, Md 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Ollevelas Judge Funeral Home Inc., La Plata, Md. DATE SEP



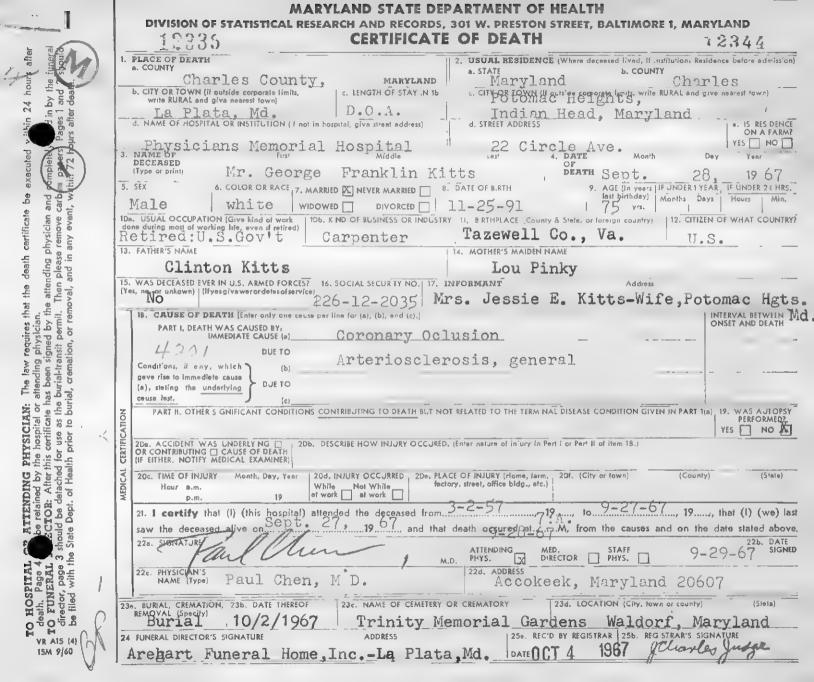


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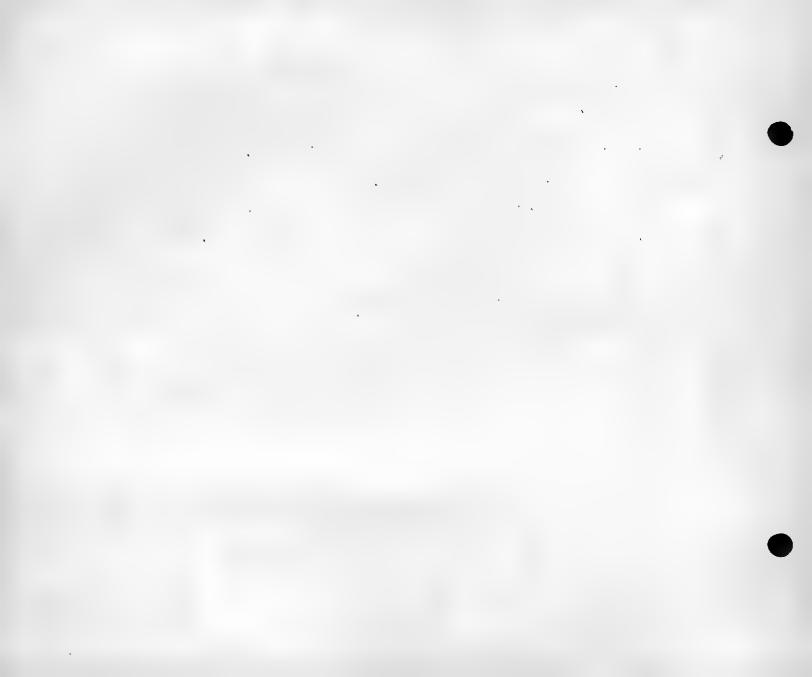
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FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTO LEGISLA W. J.	CERTIFICATE OF DEATH	12343
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	OR ATTENI be retained DIRECTOR: /		M.D. PHYS. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED (9-6)				
	D HOSPITAL OF ATTENE and 4 may be retained FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22c PHYSICIAN'S NAME (Type) / F. M. JOHNSON M.D. 22d. ADDRESS La plata, no	1.				
	Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept af Health priar to	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL Specify 4 923/67 600000 PARK BALTING	(Caunty) (Stote)				
	VR A15 (4)	2	FUNERAL DIRECTOR PROBLETS COUNTY ADDRESS FOR BY REGISTRAR 1967 256. REGISTRANCE OF THE SEP REGISTRAR 1967 256. REGISTRANCE OF THE SEP REG	RAR'S SIGNATURE				



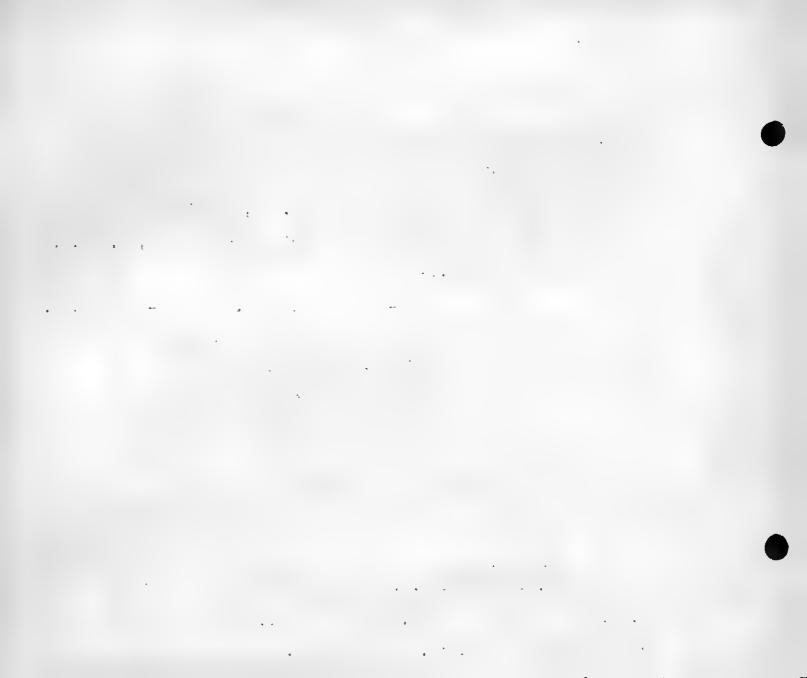
12337 72346 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY **b. COUNTY** Charles MARYLAND ary land Charles b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Charlotte Hall Lifetime Charlotte Hall d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A EARM? Rt. 1-Bowling Drive 00 NAME OF First Middle Lost DECEASED OF DEATH Earl Plater September Loseph (Type or print) 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Doys rale Negro April 12,1915 WIDOWED | DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wesley Plater Mary M. Campbell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Dorothy Plater Same 18 CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.] Hour o. m. Not while p. m of work 🔲 of work 19.52, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2 \_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 225. BATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d, LOCATION (Gily, fown, or county pode 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REGID BY REGISTRAR ... 246. REGISTRAR'S SIGNATURE DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	VI AND
년 75일 점	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH	J. Py
after death	1. PLACE OF DEATH a. COUNTY  Charles  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Reside a. STATE Maryland b. COUNTY Char	ence before admission)
in by the	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENCTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and III)  Pomfret	
within 24 hours a ejecty filled in by food papers. Page within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Physicans Memorial Hospital  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Hospital  Middle C Lest  4. DATE Month	e. IS RESIDENCE ON A FARM? YES NO Day Year
e executed wan an and comple remove can	Type or print)  The print of th	S Hours Min.
tificate b ig physici hen pleas noval, and	Farmer Farming Prince Georges Co, Md. U	.S.A.
death cer le attendir permit. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) No 216-30-4754 William M. Proctor-Pomfret	,Md.
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.  This certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon piece bept. of Health prior to burial, cremation, or removal, and in any everit, with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	ITERVAL BETWEEN NSET AND OBATH
PHYSICIAN: The law require the hospital or attending profits certificate has been detached for use as the bite Dept. of Health prior to be	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.)  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	9. WAS AUTOPSY PERFORMED? YES NO
ING PHYS 1 by the 1 After this 1 be deta State De	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County)   p.m.   19   at work   at work   19   at work   19	(State)
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hos TO FUNERAL DIRECTOR: After this ce director, page 3 should be detached should be filed with the State Dept.	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	that (I) (we) last ate stated above.
20 A 15 (4)	23a. BURIAL CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 23d. LOCATION (City, town or county)  Burial 9/9/1967 St. Joseph's Cemetery Pomfret Md.  24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. RECISTRAR'S SIGNARY  Arehart Funeral Home. Inc. —La Plata, Md. DATE SEP 13 1967 Funerals.	(State)
<b>y</b>		



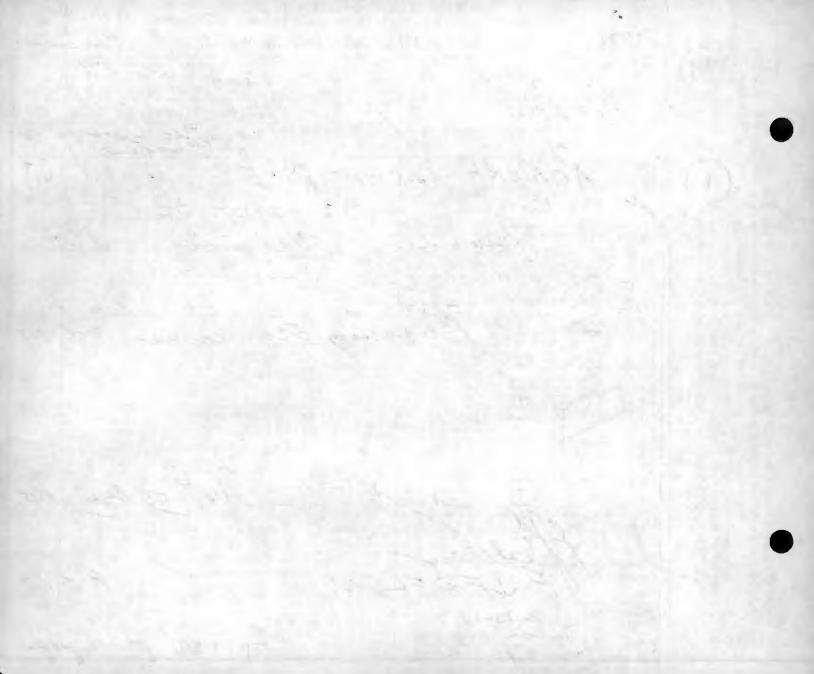
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12339 12348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Charles o. STATE Maryland b. COUNTY / 2, and 3 to PM3. Page 5 MARYLAND y deloy b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (it outside corporate I mits, write RJRAL and give negrest town) La Plata Prince Frederick Adre Bepart d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC n pencil in Item 18. Give Poges 1, Examiner's Office alang with form ON A FARM? LaPlata Hospital Physicians Memoria YES 🔲 NO F 24 hours after deoth NAME OF 4 DATE Lost Doy Year DECEASED ARTHUR SAUNDERS September 16, (Type or print) 67 DEATH 19 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In veors 7. MARRIED NEVER MARRIED 26 yrs Months Dovs Hours after death. Male Negro WIDOWED DIVORCED ond 2 v 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CIT ZEN OF WHAT INDUSTRY\_ during most of working life, even if retired) COUNTRY? Washington, D.C. aborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 72 hours Flossie Chew Joseph Saunders IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO within 7 Mr. Donald R. Chew Sr. Pr. Fred. Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-fransit event \ PART I DEATH WAS CAUSED BY: ONSET AND DEATH Fracture of Cervical Spine IMMEDIATE CAUSE (o) e, writing the ward forworded to the Ch DUF TO any Conditions, if any, which gove nse to immediate couse (a), ⊆ DUE TO stoting the underlying couse and lost. 90 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) removo!, WAS AUTOPSY PERFORMED? the certificate. NO 200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH 20b\_DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Iem 18) (Pick up truck burior, cremation, or (Pick up truck) (Passenger) car parked - lights out - other car crashed into its should 20e PLACE OF INJURY (Home, form 201 (City or town) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Page Street 9/16 19 67 al work Charles, Md. pleose execute of work 21 I certify that I taak charge of the remains described above, he d an Autapsy X. Inspection Inquiry and in my ap n'an \_ Accident X Suicide death resulted fram Natural causes the funeral director Ham cide Undetermined manner be retoined CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9/17/67 DEPUTY MEDICAL EXAMINER Werner U. Spitz, M.D. **EXAMINER'S** moy NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL, CREMATION, (Stote) (County) 0 Brow(s Church Cemetery Port Republic, Cal. Burial (Specify) Md. 9-20-67 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (\$ E. Berry Huntingtown, Md. 6M 1/67



the m	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1234) MEDICAL EXAMINER'S CERTIFICATE OF DEATH \$2349
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before agmission)
oy is 3 to Page ant of eath.	Cgarles Maryland Virginia Dinwiddle County
I, 2, and 3 to rem PM3 Page Department of rem of resident of rem of resident of rem of resident of rem of residents.	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  raulkner Md  c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)  Petersburg Va.
orm P. Depor	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  Rt. 3-Bx.481  e is Residence on a FARM? YES \( \text{NO} \text{NO} \text{T}
	3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED Mike Walter Stanish OF 0-3-1067
er er o	S SEX A COLOR OR PASE 7 MARRIED WILLIAM MARRIED 18 DATE OF RIPTH 19 AGE (In years 1 IF WIDER 1 YEAR IF UNDER 24 HRS
rs after 18 Ging e along 2 with t	Male W-US WIDOWED DIVORCED 10-289 1913 Months Days Hours Min
hours Hem 18 Office o	100 USUA, OCCUPATION (Give kind of work done during most of working life, even if retired)   10b Kind of Business or Retired   11 BirthPlace (State or foreign country)   12 CITIZEN OF WHAT USA   12 CITIZEN OF WHAT USA   13 CITIZEN OF WHAT USA   14 CITIZEN OF WHAT USA   15 CITIZEN OF WHAT USA   15 CITIZEN OF WHAT USA   16 CITIZEN OF WHAT USA   17 CITIZEN OF WHAT USA   17 CITIZEN OF WHAT USA   17 CITIZEN OF WHAT USA   18 CITIZEN OF WHAT USA
within 24 hours a pencil in Item 18 caminers Office al	Retired U.S. Army Retired Holsoppie Pa. USA
orma orma orma orma orma	Frank Starvis Catherine Ogiba
n pe I Exan I File	IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC A. SECURITY NO 17 INFORMANT Address
executed ending of Medical I formit.	
should be exerned "pend" pend on the Chief Me buriol-fronsit permotion, or man	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE GORONARY Occlusion-Massive  INTERVAL SETWEEN ONSET AND DEATH Immediate
ould ward he C iol-tr iian,	DUE TO
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pendin item 18. Give Page should be farwarded to the Chief Medical Examiners Office along with filles. It is should be used as a buriol-transit permit. File pages lond 2 with the State int, prior to buriol, cremation, or minoval, and in any event with in 71. Here	Conditions if any, which gove in set to rimediate couse (a), stating the underlying couse (b. arterio Sclerosis Geheral    DUE TO
certifi arward arward used o buriol	PART II OTHER SIGNER CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
his ce ate, v e farr be us to bu	Overweight YES NO 3
:R: Th ertifica ruld be is sould b prior t	Overweight  200 EXTERNAL CAUSE WAS PRIMARY Or ONTRIBUTING OR CAUSE OF DEATH  201 TIME OF INJURY Manth, Day, Year Hour a m.  201 M.JRY OCCURRED While Not While factory, street, affice bidg., etc.)  PERFORMED? YES NO X  YES NO X  (County) (Stote)
necessory, please execute the certificate, the funeral director. Page 4 should be factor for your files for bunkral Director. Page 3 should be used for your files.	20c TIME OF INJURY Manth, Day, Year Hour a m. 20d N.JRY OCCURRED While of work at work
L EXA Recute Poge for yau R: Pog	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ond in my opinion
Sed for the control of the control o	deoth resulted from: Notural causes X. Accident Suicide, Homicide, Undetermined monner
D DEPUTY MEDICAL EXAM necessory, pleose execute the funeral director. Page 4 5 may be retoined for your pruneral DIRECTOR: Page mealth or its designated against a second processory.	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   22. DATE SIGNED
TY Y P	JIGHARUKE MILL
EPU Ssor fune o b NER	EXAMINER'S James E. Andrews MD  DEPUTY MEDICAL EXAMINER IN Indian Head XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
o DEPUTY necessory, the funero 5 may be 5 may be 7 EUNERA Teolth or	230 BUR AL PREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
2 2 -	Removal Sept / 190/15t Johns Cantuls Window Somerset Co. Pa.  24 FINHERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15ME (5) 6M 1/66	Archart Funeral Home Inc., La Plata, Md. DATISEP 7 1967 juliantes Judge



7			MARYLAND STATE DEP		12350
1				ON STREET, BALTIMORE, MARYLAND 21201	0 -
FOR STATE		12341	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Louisa Co:
Poge Is to Heart American Poge Heart American		COUNTY Clyples	MARYLAND	o. STATE	on: Residence Mulare admission)
If way delay sis 1, 2, and 3 orm PM3. Po, e Department		CITY OR TOWN (If outside constrol limits, write RIKAL and give nearest lown)	CLENGTH OF STAY IN 16	ma four	RAL and give nearest town)
form form		NAME OF HOSPITATOR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS Va - June	ON A FARMY YES NO
Pog with with		AME OF ECEASED (ype or print) 10 DERY	L SANICH	TRICE DEATH WOODT	th Soul Ceary
hours ofter Item 18. Give Office along Ond 2 with the	S	N	RRIED NEVÉR MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost sime a)  1 1 2 - 09  9. AGE (In years lost sime a)	Months Doys Haurs Min.
24 hours in Item 18 er's Office jes 1 and 2 v	10o dur	USUAL OCCUPATION (Give kind of work done by mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT
within pencil comini le pag hours	13.	FATHER'S NAME	ennan Frece	Belle Baker	
be executed in "pending" in itef Medical Example. Final Example in item in ite	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor ar dates af service)	16. SOCIAL SECURITY NO. 17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	Halter Ehward	Truce, Sv.
ld be execution "pending"  Chief Medico  -tronsit permi		CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:     IMMEDIATE CAUSE (o)	line (6), (b), and (c),	y Occlusion	INTERVAL BETWEEN ONET AND DIATH
wor wor the rrial-		Conditions, if ony, which gove ) (b)			'
ficate shing the rded to I		rise to immediate cause (a), stoting the underlying couse lost.			
writ writ orwo orwo vol,	TION		UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
Thi ificoti I be Ild be ir rem	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item IB.)	7
5.3章	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Home, form, 1979. (City of fown) lory, street, affice bldg., etc.)	- Cha Rep.
cat Exa execute or. Poge of for you TOR: Pag		21. I certify that I took/charge of t		eld on Autopsy . Inspection . Inqu	uiry and in my opinion
		deoth resulted freen:/ Natural cour	ses M, Accident , Suic	ide, Homicide, Undetermined m	onner 🗌
EFUTY MESTA ISSATY, please ex funeral director. ay be retained in INERAL DIRECTO		ACTUAL SIGNATURE	len	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY M necessary, ple the funeral di S may be reft TO FUNERAL D Health prior T		EXAMINER'S NAME (Type)	DELEN	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	1867
TO DI nece the 5 mc	230	BURIAL, CREMATION 23b. DATE THEREOF PREMOVAL (Specify)	23c. NAME OF CEMETERY OR	Centry Lacina City or To	o. Va.
VR A15ME (5)	24	FUNERAL DIRECTORY ANdersongen	end HornADDRESS	277 2 4 4007 66	EGISTRAR'S SIGNATURE
6M 1/67	_	A. D. Trame, In.	Lacura, Va.	DATISEP 1 1 196/ /	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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